

PCLP Guarantee Request

OMB Approval No.: 3245-0346 Expiration Date: XX/XX/XXXX

[The PCLP CDC completes this form as part of the application package for Section 504 Loan and sends to: Sacramento Loan Processing Center, Small Business Administration, 6501 Sylvan Road, Suite 111, Citrus Heights, CA. 95610-5017 (or Fax to 916-735-0640).]

TO:	Small Busin U.S. Federa 6501 Sylvar	Loan Processing Center ess Administration I Courthouse n Road, Suite 111 nts, CA 95610-5017	DATE:		
RE:	Applicant N	Applicant Name			
	Operating C	Operating Company (OC) Name (If applicant is an Eligible Passive Company)			
	(If more the	(If more than one OC, attach additional sheet with all OC names)			
FROM:	CDC				
	Contact				
	Address				
	Phone		FAX		
All of tl	ne following it	ems are enclosed:			
[] A.	Copy of pages 2 and 7 of SBA Form 1244 (02-16), "Application for Section 504 Loan"				
[] B.	Copy of "Supplemental Information for PCLP Processing" (Form 2234 Part B)				
[] C.	Original or facsimile of "Eligibility Information Required for PCLP Submission" (Form 2234 Part C)				
Signati	ure and Title	of CDC	 Date		

The estimated burden for completing this form is 5 minutes. You will not be required to respond to any collection of information unless it displays a currently valid OMB Control Number. Comments on the burden should be sent to U. S. Small Business Administration (SBA), Chief, AIB, 409 3rd Street, SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Control Number 3245-0346. PLEASE DO NOT SEND FORMS TO OMB.